

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF	Ernesto Santiago		COURT CASE NUMBER	C.A. No 05-153 Erie
DEFENDANT	Warden, James Sherman		TYPE OF PROCESS	Civil Rights Action
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			FEDERAL BUREAU OF PRISONS ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 5000 Bradford, PA 16701
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	28 USC 1331
<p>Ernesto Santiago #903CH038 P.O Box 5000 Bradford, PA 16701</p>			Number of parties to be served in this case	3
			Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Ernesto Santiago		N/A	9-18-05

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>2</u>	District of Origin No. <u>88</u>	District to Serve No. <u>68</u>	Signature of Authorized USMS Deputy or Clerk <u>SB</u>	Date <u>9/6 9/28</u>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <u>10/3/05</u> Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <u>Shane Dressing</u>	

Service Fee <u>100</u>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges <u>800</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$32.00</u>
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REMARKS: SIC mailed 9-28-05 9842 8019 1302

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

2. Article Number



7160 3901 9842 8019 7302

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

FEDERAL BUREAU OF PRISONS  
P.O. BOX 5000  
BRADFORD, PA. 16701

5-153E, S/C, 9/28/05, 323

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Dan</i>	<i>10-3-05</i>
C. Signature	
<i>X</i> <i>DR</i>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	

D. Is delivery address different from item 1?  
If YES, enter delivery address below:
 Yes  
 No
RECEIVED  
FBI - PHILADELPHIA

PS Form 3811, January 2003

Domestic Return Receipt